

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



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**Vision:** To be the Healthiest State in the Nation

## Septic Tank Abandonment Permit Procedures

July 01, 2013

1. Complete the attached application page. All applicable information must be completed. An application cannot be processed without an address and folio number/property ID #.
2. Provide a Site Plan. The site plan does not need to be to scale but must show the boundaries of the lot, location of the building, the septic tank, and the street.
3. A Letter of Authorization is required if the applicant's agent is not a licensed septic tank contractor or a contractor licensed in accordance with Chapter 489 Florida Statute.
4. A fee of \$50.00.
5. After the permit has been issued:
  - a. The tank shall be pumped out by a permitted septage disposal company who shall provide a receipt or a written statement to the department. Alternatively, if the tank is empty and dry at the commencement of the abandonment, a written statement to that effect by the septage disposal company or contractor performing the abandonment shall be provided to the department.
  - b. The abandonment procedure can only be performed by a septic tank contractor, a licensed plumber or the homeowner of an owner occupied home.
  - c. The bottom of the tank shall be crushed or caved in, or multiple holes punched in bottom of tank to prevent the tank from holding water.
  - d. The septic tank contractor, licensed plumber or homeowner shall call this office for an inspection after the tank is crushed and filled with suitable fill material. **Failure to call for the required inspection could result in a citation or fine.**
  - e. Place a flag in front of the property at the street and at the location of the abandoned septic tank.
  - f. **DO NOT LEAVE AN OPEN HOLE IN THE GROUND.**

If you should have any questions please call (813) 307-8059.

**Florida Department of Health – Hillsborough County**

Division of Environmental Health  
P.O. Box 5135  
Tampa, FL 33675-5135  
PHONE: (813) 307-8059 • FAX: (813) 272-7242

**www.FloridasHealth.com**

TWITTER: HealthyFLA  
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YOUTUBE: fldoh



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. \_\_\_\_\_  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

APPLICATION FOR:

[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ] \_\_\_\_\_

APPLICANT: \_\_\_\_\_

AGENT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: \_\_\_\_\_ ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: \_\_\_\_\_ ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: \_\_\_\_\_

DIRECTIONS TO PROPERTY: \_\_\_\_\_

BUILDING INFORMATION

[ ] RESIDENTIAL

[ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT:** Property owner's full name.  
**AGENT:** Property owner's legally authorized representative.  
**TELEPHONE:** Telephone number for applicant or agent.  
**MAILING ADDRESS:** P.O. box or street, city, state and zip code mailing address for applicant or agent.

**LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

**DATE OF SUBDIVISION:** Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

**PROPERTY ID#:** 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

**ZONING:** Specify zoning and whether or not property is in I/M zoning or equivalent usage.

**PROPERTY SIZE:** Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

**WATER SUPPLY:** Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

**SEWER AVAILABILITY:** Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

**PROPERTY ADDRESS:** Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

**DIRECTIONS:** Provide detailed instructions to lot or attach an area map showing lot location.

**BUILDING INFORMATION:** Check residential or commercial.  
**TYPE ESTABLISHMENT:** List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

**NO. BEDROOMS:** Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

**BUILDING AREA:** Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

**BUSINESS ACTIVITY:** For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

**FIXTURES:** Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

**SIGNATURE / DATE:** Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

**ATTACHMENTS:** A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

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I \_\_\_\_\_ authorize \_\_\_\_\_ to act as my agent for the permitting of an Onsite Sewage Treatment and Disposal System with the Florida Department of Health - Hillsborough County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Florida Department of Health – Hillsborough County**

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